Multicultural Understanding of Infected Wound Care.

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Summary
The aim of the study was to focus on the challenges nurses encounter while caring for multicultural patients with infected wounds. The purpose was to describe what sort of challenges nurses encounter with multicultural patients and how culture affects the patients' care. The goal was to gain more knowledge/understanding on multicultural patients for the improvement of nursing practice in infected wound care.

The study was done using a qualitative method and inductive analysis. The theoretical framework was based on Giger and Davidhizar's *Transcultural Assessment Model* and Leininger's *Theory of Culture Care Diversity and Universality*.

The results indicate the language barrier as a frequent challenge for nurses, and a lack of cultural knowledge. An infected wound can be cared for in several ways depending on the patient's needs and culture. Skills and knowledge of cultural care are essential at all levels of nursing care because individual cultural beliefs and religion have a powerful influence on the patients and their reaction to care. Diverse cultures provide awareness and guide nurses' decision-making in daily life with the aim to prevent infective wounds and promote healing.

Language: English
Key words: Community nurses and wound care, nurses experience of wound and traditional, wound infection, multicultural care, nursing care and cultural.

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1. Introduction

Due to globalization, the world is today becoming smaller with people moving and crossing continents and settling in distant lands away from home. The need for promoting cultural competence in health care has thus become even more urgent. Ever growing cultural diverse and multicultural societies have created new challenges in many aspects of life for example health care being one of them. Healthcare providers today have to learn, maintain and develop an understanding and sensitivity to different cultures in order to provide quality care. It is an obligation for nurses to provide care to all patients irrespective of their cultural background, race, or religion or political affiliations. (Merrington, 2006)

The 21st century will provide the nursing professional more difficult and demanding duties that will require the nurses to improve their understanding about culture and its significance to provide competent care. In today's society it is impossible for nurses to provide effective care if they do not recognize the value and importance of culture. (Giger & Davidhizar, 2008)

Leininger (1991), defines nursing as a,

'' Learned humanistic and scientific profession and discipline which is focused on human care phenomena and activities in order to assist, support, facilitate, or enable individuals or groups to maintain or regain their well-being (or health) in culturally meaningful and beneficial ways, or to help people to face handicaps or death.''

There have been considerable developments with regards to wound management in the recent years. Most of these significant changes can be attributed to findings from new scientific evidence. Health care providers have access to many different wound care products available in the market today. However, wound care has a tremendous bearing on both social and economic factors in today's societies. Many governments around the world allocate a huge amount of money towards wound management: as the costs continues to escalate due to rise in health care costs, the aging demographic population, increased comorbidities and the incidence of obesity and diabetes. An infected wound lowers the patients' quality of life by causing suffering and delaying healing. This highlights the need for developing a holistic

approach towards wound assessment and management in order to achieve effective wound healing. (Smith, & Lait, 1996)

Harrison (2006) affirms the significance of wound care in the 21st century. These can be attributed to the changes in demography, diseases such as cancer, obesity, surgical complications, and sexually transmitted diseases. Other causes such as traffic accidents, falls and physical attack also enhance the need for appropriate wound care today. Cost-effective wound care practices depend on nurses making highly educated and informed choices concerning wound management practices.

The progress in human development has resulted in a wide range of products directed towards wounds, wound care and strategies that enhances their rapid healing. However, despite this significant development toward effective wound management, advances in the healthcare systems, as well as methods of diagnosis and wound assessment and healing have not progressed at the same speed over time. (Carlos & Soriano, 2012)

The Finnish Ministry of Social Affairs and Health (2010) states that each patient has a right to be treated with dignity, as well as respect for their privacy, individual language and culture. Moreover the patient must be ensured clear information regarding their health and record

An important issue in this thesis is to outline Evidence- based nursing care, which is defined by Polit and Beck (2008) as the use of clinical evidence obtained from nurses conducted researches in deciding patient care.

1. Aim of the study and Problem definition

The aim of the study is to recognize and understand the dilemmas and challenges that nurses and patients encounter in infected wound care. In addition, we aim to identify the needs of multicultural patients with infected wounds.

Wound management theory and practices that we know today are based on knowledge acquired throughout the history of mankind. Over the centuries some of the practices have become out dated due to the developments of scientific research whereas there are those that have been preserved to this day. Herbal remedies and honey are examples of practices that have been used for wound care in both ancient and modern times. Modern advancements in scientific research have resulted in beneficial pharmaceutical products for wound management, treatment and therapies such as negative pressure therapy (PICO), the use of ultra sound and electrical stimulation. Contemporary societies today are becoming more multicultural as people migrate and settle in foreign lands bringing with them their own cultural values, beliefs, practices and lifestyles. Despite the dynamic changes in human migration and wound management practices, nurses are expected to provide appropriate and efficient wound care and sustain health and wellbeing. (Knight, 2011) This study will allow the respondents to grasp the importance of culturally competent care in multicultural health settings.

The research questions in this study are:

1. What are the challenges that nurses face when providing holistic wound care to patients from different cultures?
2. In what ways may the patient´s culture influence wound care?

The study aims at increasing the knowledge and interest in how nurses interpret and improve infected wound care.

Literature review will be used since the chosen articles will provide deeper understanding on the topic and provide knowledge about what has been done in the earlier studies about infected wound care with consideration to culture. The aim of the literature review is to provide

knowledge about the interest and outline a theoretical background for the study. Also to give a justification for the need to undertake the study that is by incorporating evidence based facts for the nurses to improve their knowledge. It also aims at underlining the importance of incorporating evidence-based facts into the study, to enhance nurses' knowledge and practical skills. (Polit & Beck, 2006)

The information will be collected from previous studies regarding infected wound care and patients from different ethnical backgrounds. The respondents will relate the infected wound care and challenges nurses encounter when taking care of multicultural patients**.** This will help nurses gain a better understanding of culturally competent wound care. The information was gathered from the databases EBSCO, CINAHL, dissertation.se and books. The single key words include wounds, wound care, wound assessment, holistic wound care, culture, cross culture infected wound care, multicultural. Paired key words were cultural aspect and wound care, culture and wound management. The literature search was conducted from November to November 2013 and only applied to full-text, published material, written in English. Articles chosen were based from on the research topic from the year 2000-2013. By reading and understanding the articles, a total number of thirteen articles that were relevant were selected as results from the database.

3. Theoretical background

The respondents will in this section give a description of the theoretical background for the thesis and key concepts will be defined.

3.1. Definition of wound

A wound can be described as an interruption of the original state of the skin and its sub- layer tissues. On the other hand, an infected wound is a state where a part of the body is interfered by a pathogenic organism which can multiply and produce harmful effect under certain favorable conditions. (Branom, 2002)

Health service executive (2009) define wound as,

"As a cut or a breakage in the continuity of the skin cause by injury or operation."

The Finnish Wound Care Society (2013) aims to support the relationship between professional nurses' health care of ulcer patients and prevention of wound, to support the ongong wound care development and research, co-operate with wound international organizations and work together with professional wound care groups.

The principles of wound care are to apply pressure on it, improve circulation, provide local treatment and when necessary perform reconstructive operation. If the wound takes more than four weeks to heal further tests and examinations should be carried out in order to determine the actual cause. Wound dressings should be changed within three to five days but can also be changed regularly if there is too much leakage. In addition, infected wounds should be cleaned daily and the dressings changed. Attention should also be given to the skin area surrounding the wound by for example applying regular skin ointment. Wound healing can be promoted by keeping the wound moist and warm. Examples of important wound dressings include antiseptic dressings, moist compressors, medical compressors containing honey and silver. (Hietanen, 2012)

A wound is a breach of the normal anatomical structure or function of the skin. Wounds heal easily for most people. Wounds resulting from a process pathological internal or external to the organ involved. The definition of a wound may seem simple, but its treatment is quite different. We recognize the expertise of the nurse to determine the treatment plan for wounds and alterations of the skin. An undamaged skin provides protection against harmful micro-organisms such as bacteria, yeast or fungi from invading and entering the body: but broken skin exposes the underlying tissues resulting to an elevated level of infection. (Gould, 2012)

A wound infection occurs when pathogenic entities such as bacteria attack the body or a part of the body if the conditions are favorable they will also multiply and release harmful toxins. (Branom, 2002)

Holistic wound care is the process of treating the patient as a whole, and apart from the actual wound, also consider other factors that may delay the healing process as whole and not only the wound by considering other factors that may delay the healing process such as patient medical history (history of the wound and current medication), nutritional status, surrounding skin and wound bed. The process of wound healing can be supported by accurate documentation and patent assessment to be able to plan, implement and evaluate. The wound can be assessed in regular intervals to promote healing and rule out infection. The general health assessment of the patient will direct nurses to describe the condition of the wound and recognize the obstruction of the healing process. The purpose is to monitor the wound healing progress, determine the effectiveness of the wound care and to observe if there are any complications. (Benbow, 2011)

3.2. Classification of Wound

There are many different ways of classifying wounds, firstly wounds based on the damage caused on tissue layers and can be described as superficial wounds that affect the skin epidermis and the upper part of the dermis. Also partial wounds which go through the epidermis and dermis, full thickness wounds that penetrates through the epidermis, dermis, subcutaneous tissues, and muscles and into the bones. (Benbow, 2011)

Secondly, chronic and acute wound; both of which pass through the same physiological process of wound repair. Acute wounds, surgical or traumatic, are those that heal at a predictable time and without complication. However, when an acute wound delay to heal appropriately and do not progress through the predictable stage of wound healing it can be categorized as chronic. (Clark, 2002)

It is obvious that not every wound is healable; some will not heal due to cancer, systemic diseases or inadequacy of oxygen required for normal wound healing/blood supply. There is however different ways of interventions that are effective and designed to manage/reduce the complications.

3.3 Factors influencing wound healing.

There are many factors that interfere with wound healing process, that inhibit one or more phases and trigger improper tissue repair. Wound healing can be delayed by either systemic or local factors. Systemic factors that may delay with the healing process include the patient's health and the status, insufficient oxygen and perfusion, malnutrition, age, spiritual factors for example the patient hopes and believes, social factor, economic factors, infection, medication and comorbidities.

On the other hand, local factors have impact on the wound that are directly affecting the infected wound characteristic such as mechanical trauma, desiccation and cytotoxic agent, however these factors relate to each other. The knowledge and skills of the physiology of a wound, types of wounds and factors that delay wound healing increase understanding to the health care provider because each consideration plays an important role in wound management and assessment. (Clark, 2002; Benbow, 2011)

3.4. Wound assessment

Initial wound assessment is vital for developing effective nursing care plans and interventions. Undertaking a holistic wound assessment contributes to effective infected wound management and wound healing. For it is through patient assessment that important facts and observations are made to determine how and if a wound would heal or not. The information that is collected during patient assessment is essential in deciding plan of action and method of wound management. This will help to identify the wound causation and over time provides a reference point for comparing the healing process as well as the success of the implemented intervention. Accurate documentation of available information also plays a key role in ensuring positive outcomes. (Benbow, 2011)

Assessment should be a continuous process so as to reflect the precise changes on the patient's medical condition and the wound status whether healing, improving, and worsening or there is indifference. Evidence-based care is achieved by a constant revision of the care plan which conforms to the on-going changes and also complies with clinical guidelines. Important skills needed for a holistic assessment entails having a sound knowledge of the skin physiology as

well as its underlying tissues, capacity to recognize potential risk factors and possible barriers to healing, capability to differentiate valid data from non-valid data, and possessing the capacity of analyzing and interpreting the assessment outcomes. The patient should be actively involved in the process by putting into consideration their thoughts, opinions, feelings and attitudes towards the infected wound. When assessing the patient it is essential to have complete medical history so as to point out conditions that may affect the wound development and healing. Individual factors to consider are: age, level of mobility, nutritional status, medication, mental state, degree of independency and attitude toward the wound and healing. (Benbow, 2011)

Essential aspects to consider when undertaking infected wound assessment are types of wounds, grade, location, clinical appearance, and description of dressing in the wound base, sizes, existence or lack of exudate, pus and pain assessment. Nutritional assessment of the patient should also be considered in that the outward appearance of the patient and the infected wound cannot determine if the patient is getting the needed nutrients. Pain assessment involve both a numerical a verbal rating scale with the aim of avoiding pain and wound trauma during dressing changes. (Benbow, 2011)

3.5. Pain assessment

Pain is a recurrent symptom of people suffering from infected wounds and adds to distress and reduces the quality of life. It is important for wound care specialists to comprehend the possible causes and mechanisms of pain encountered by a patient with an acute and chronic wound and give the suitable solutions. To understand the experience of the patient's pain plus the consequences they encounter on their day to day lives is vital to recognize the most suitable ways for handling their pain and giving helpful techniques. (Young, 2007)

Patient should be given a chance to describe their pain since it is difficult for them to objectively assess their pain level hence they should be given a pain measuring tools that if used regularly it can assist in assessing the intensity of their pain. If the level of the pain has great variations, it's an indication for the nurses to reassess their options and timing of pain medications and other optional interventions they might use for the management of the pain. (Young, 2007)

When undertaking pain assessment it is important to consider the following; duration of the pain to determine what procedures that may result to the pain experienced or if the pain is acute or chronic. Types of pain; nociceptive produced when special nerves endings are disturbed or neuropathic pain resulting from malfunction of the nerve system caused by an illness or injury. Etiology of the wound can determine the level of pain, pain alleviation and the possible side effects. (Young, 2007)

3.6. Definition of culture.

Culture is learnt when individuals socialize with one another and integrate attitudes and customs that are acquired through process of socialization. It can be identified in terms of religion and spiritual beliefs, language spoken, traditional values and belief and health care practices. Culture is transmitted through generations within a community, it is learnt right from birth, it is about shared understanding among community members and it is inspired by the environment within the community lives in and the type of resources available to them. Moreover, culture is dynamic meaning it is continuously changing. (Timby, 2009)

Berman & Snyder (2012) view culture as set of tradition passed down from one generation to another generation by a specific group, entering similar attitudes and organization.

Culture refers to the products of human work and the thought process of a group that is passed on through socialization and helps to guide how individuals perceive the world around them and guides in decision making. It includes beliefs, values, behaviors, customs and ideologies. (Purnell & Paulanka, 1998)
From the above culture definitions some similarities of were observed from Timby. B. K and Purnell and Paulanka both viewed culture being socially transmitted, shared among members.

Culture can be viewed as a pattern of changing values and beliefs that are learnt and define practices and determines has how individuals within an ethnic group think and act. (Wikberg &Eriksson, 2008)

Cultural competence can be viewed as an important element for giving care that is sound and culturally significant to all patients. It is a dynamic process that is characterized by continuous search for knowledge. (Campinha-Bacote, 2011)

4. Theoretical framework

In this thesis Giger and Davidhizar's Transcultural Assessment Model (2008) and Leininger's (1991) theory of Culture care Diversity and Universality will be used. The respondents chose Giger and Davidhizar's Transcultural Assessment model as it is a tool that provides guidelines where nurses can assess cultural variables and their implications on health and illness behaviors. Leininger's theory of Culture Care Diversity and Universality was chosen because it broadly discusses about providing cultural congruent holistic care and it also focuses on the interrelationship of culture and care on wellbeing, health, illness and death. That an individual's culture and culture diversity for example race, ethnicity and religion have an intense effect on nursing care. The authors discuss in great depth on how nurses can be culturally competent and hence provide culturally appropriate care.

4.1. Giger and Davidhizar's Transcultural Assessment Model

Giger and Davidhizar's (2008) Transcultural Assessment model was developed in 1988. Due to the increasing number of foreign and inter-racial populations, it is important that nurses learn to provide transcultural care in order to be competent. According to statistics, these populations are expected to raise even further in the future and thus the more reason to equip nurses with such skills.

Transcultural Assessment Model is a tool used globally to assist nursing students within the health care field to provide care for individuals from different cultures. Under this model each patient needs is assessed by using appropriate strategies to plan according to cultural phenomena. It has components of common structure that influence wellbeing across environment and language. According to Giger and Davidhizar (2008), transcultural nursing is a training field of providing cultural competent care of which the clients are the focal point

and which is research oriented with the aim of uncovering culturally significant facts about the clients in order to give care that is both culturally competent and appropriate.

Knowledge in transcultural nursing is necessary due to the demographic changes witnessed today as societies become more multicultural and pluralistic. Thus, an inevitable challenge in the 21st century for nurses is to give and provide care that is of high quality and both culturally competent and appropriate. It is imperative for health care givers to begin to cultivate deep interest in understanding culture and its significance to competent care because in the culturally diversified society, one can never become an effective care provider if they cannot comprehend the importance for culturally appropriate care. (Giger & Davidhizar, 2008)

By acknowledging the different aspects of cultural variations possessed by patients such as race, ethnicity, religion and beliefs, nurses become aware to their patients and make more informed choices and decisions. In addition, by recognizing that each person is culturally unique with different experiences, nurses will be able to avoid ethnocentrism by apprehending their own personal cultural values and beliefs and detach them from the patient's own cultural values and beliefs. (Giger & Davidhizar, 2008) The transcultural assessment model aims at providing culturally competent care by reducing greatly the duration needed to undertake an in-depth assessment and its 5 metaparadigm include:

4.1.1. Transcultural nursing and culturally diverse nursing.

Giger and Davidhizar (2008), refer to culturally diverse nursing care as the flexibility in nursing approaches that is relevant for the provision of a culturally competent and appropriate care. The model can assist caregiver in assessing individual who are from different cultural in order to deliver cultural competent care.

4.1.2 Culturally competent care.

Giger and Davidhizar (2008) state that cultural competence is the knowledge, attitude and skills required in nursing care to diverse inhabitants. It is a continuous process that provides evidence-based research in which caregivers acquire better understanding and capacity in

various setting. In order for health care providers to be referred to as being culturally competent, it is imperative that nurses become fully aware of themselves as individuals, their values, beliefs and existence and not letting the perceived differences influence the way they provide care to their patients. It demands for a constant need to search for knowledge, skills, procedures, approaches and attitudes capable of changing nursing action and interventions in to high quality end results that are highly satisfactory to both the patients and health care providers.

4.1.3 Culturally unique individuals

Every individual is unique in their own special way and have own identity with regards to their religion, beliefs, taboos experiences, cultural norms and values. More so, there might exist variations and diversifications within similar cultural groups. This demands that nurses should have at least some basic knowledge and data that is relevant and applicable to a particular cultural group and in so doing provide cultural competent care that is culturally accepted. (Giger and Davidhizar, 2008)

Giger & Davidhizar (2008) identify in their transcultural assessment model identify six cultural phenomena through which nurses and other health care providers can provide a basis for patient assessment and develop culturally sensitive care. The phenomena identified have been observed in all cultural groups having variations. The model suggests that each individual is culturally unique and needs to be assessed in relation to six identified phenomena. These phenomena's includes communication, space, time, biological variation, environmental control and social organization.

Communication entails the voice quality, pronunciation, enunciation, use of silence, use of non-verbal and touch. **Space** refers to the degree of comfort, the distance in conversations and space definition. **Social organization** includes the client's health status, marital status, number of children one has and if parents are alive or deceased. **Time** refers to an individual's orientation to time, view of time and physiochemical reaction to time. **Environmental control** includes the internal locus of control where an individual has faith in the power to affect

change lies from within, external locus where one believes in fate and luck, value orientation the belief in supernatural forces, magic, prayer or witchcraft. **Biological variations** may comprise of a complete physical assessment entailing skin colour, body structure, skin discoloration, hair colour and distribution, height, weight, laboratory results and other physical characteristics like. (Giger & Davidhizar, 2008)

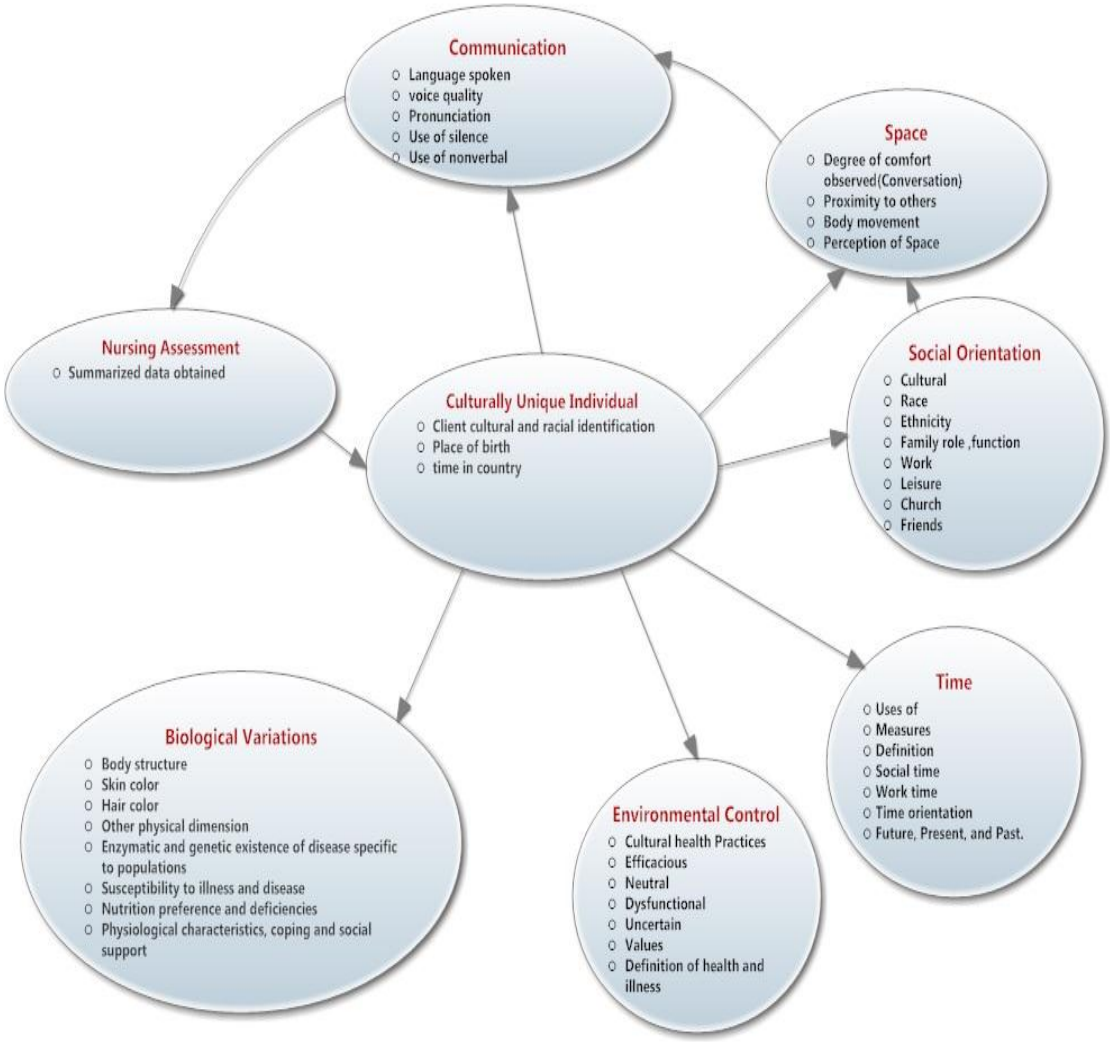

Figure 1 was inspired by Giger and Davidhizar's Transcultural Assessment Model (2008)

4.1.4 Cultural sensitive environments

Health care systems should strive to provide culturally diverse care in different clinical settings and different levels of care. Thus developing cultural awareness is a challenge that nurses and other health care givers face within the healthcare settings, individual belonging to different cultures have different needs in terms of wellbeing that is one of the human right. There are several skills that nurses in infected wound care should develop, for example communication which is a complicated procedure that requires both non-verbal and verbal conversation, self-awareness and sensitivity. (Giger & Davidhizar, 2008)

4.1.5 Health and health status based on culturally specific illness and wellness behaviours.

Giger and Davidhizar (2008) discuss that there are certain specific factors which affects a person's behaviour regarding to health and illness which are important for nurses to understand in order for them to provide nursing care that is culturally appropriate. This calls for the need for a practical assessment in identifying and classifying cultural variables and their impact on health and illness behaviours. Transcultural Assessment Model provides the nurses with the base to become well informed about several cultures and that individuals from different cultures have different kind of demands and needs when it comes to health and illness.

4.2. Culture Care Diversity and Universality: A Theory of Nursing

Leininger (1991) emphasizes the meaning and importance of culture by explaining the patient health and caring behaviour, she considers that all cultures have practice connected to caring. The theory is providing proportional health care interventions and measures that consider the patient cultural values, practice and beliefs, also focuses on changing pattern of the nurses that will have good cooperation between patient and health care provider.

The framework of her theory acts as a guideline for health care providers to deliver a whole approach to caring within the society. Caring is the core of humanity, and that it is important for human growth and existence. (Leininger, 1991)

Cultural care diversity can be defined as the differences that exists within people from different cultures and these variations can be in terms of beliefs, patterns, values, meaning, symbols and way of life. On the other hand cultural care universality refers to the similarities that exists within people from different cultural backgrounds for example common shared meanings, beliefs, practices, symbols, values and lifestyles. (Leininger & McFarland, 2002)

Leininger has introduced the concept that nurses develop skills and understanding of patient care and value over time through education that would contribute to the patient health and wellbeing. Health care providers should work towards understanding of patient care and values, lifestyles and different culture which will form the basis for providing care. (Leininger, 1991)

Culture refers to a set of values, attitudes, beliefs and life practice that are learned within the society, it is the morals that are regularly held for a long time and guide decision making within the community. While Culture care involves the believes and values that support an individual in health and illness, it is universal but the action, patterns, meaning of care and expressions might be different. (Leininger, 1991)

Leininger (2002) defines cultural competence as,

> "*To assess and understand cultural, care and health factors and use the knowledge in creative ways with people of diverse or similar lifestyle.''*

In order to be cultural competent the healthcare provider needs to understand and acquire necessary knowledge that influenced health behaviours. Also take into account different cultural beliefs, caring and values of an individual. Applying knowledge and obtaining cultural information with the aim to provide effective and cultural congruent nursing care that would improve the patient wellbeing and health.

Leininger's (2002) Sunrise Model symbolises expectation to develop and have new knowledge for nurses to discover a holistic approach. The nurse understands and gets knowledgeable about the patient emic, etic, values, norms and practices.

The Sunrise Model has been used by nurses as a guide in conducting the patient needs in cultural assessment and in different holistic factors that influence the patients' health. It also applies to research findings in delivering care that is safe and meaningful to the patient in different cultural perspective. The model provides nurses better understanding of features that influences an individual's view on wellbeing therefore providing effective care through knowledge and awareness of the patient's customs beliefs, values and cultural practice. (Leininger, 1991) Some of the major areas that can be assessed are including cultural values, beliefs and practices, religious, philosophical, or spiritual needs, economic factors, educational, technology views, family and social ties and political and legal factors.

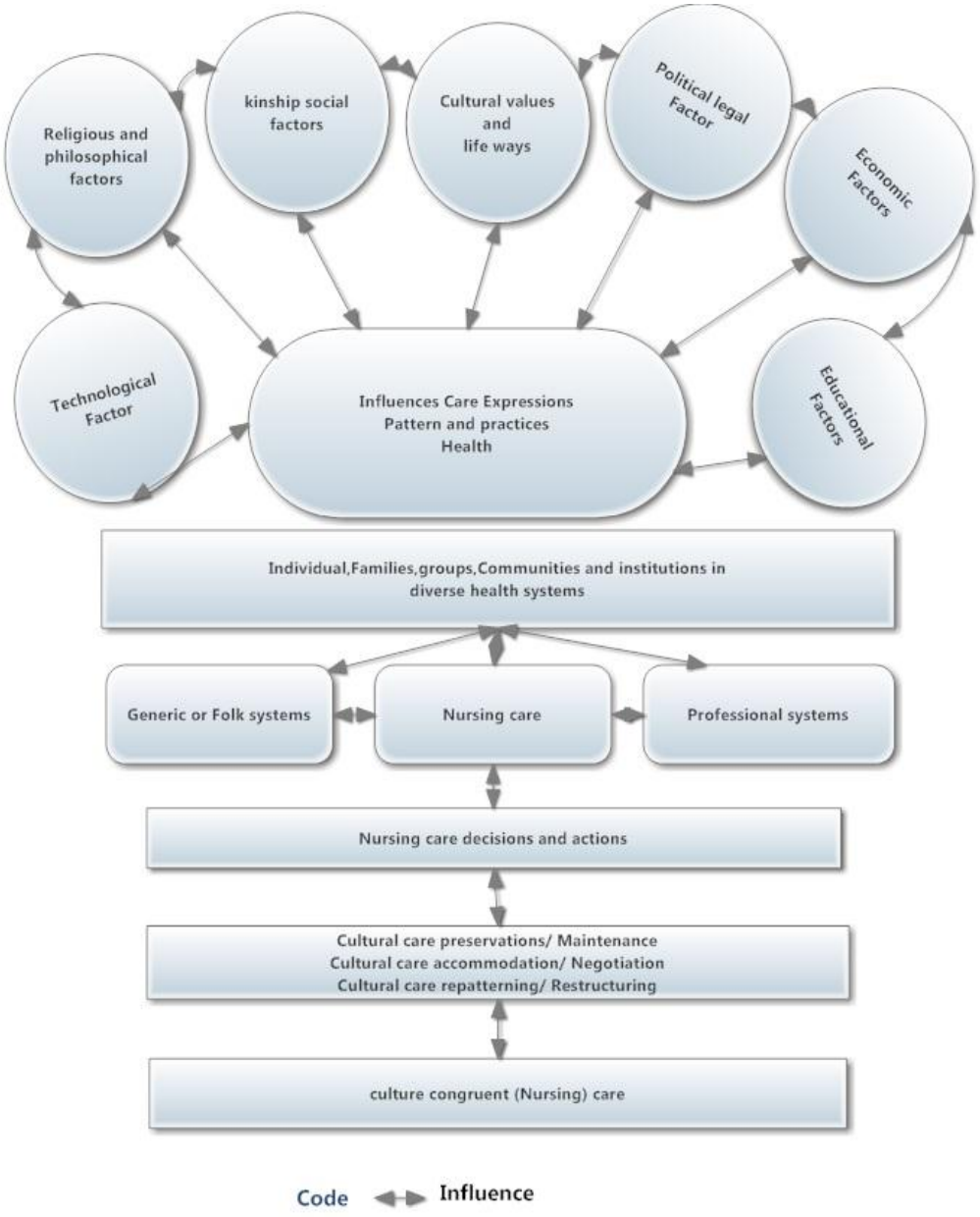

Figure 2, Sunrise Model was inspired by Leininger (1991).

5. Methodology

In this section the respondents will introduces the type of method and the process of data collection, data analyzing and bearing in mind ethical consideration. The advantage and disadvantage of content analysis will be discussed using qualitative research. Methodology will enable the respondents to gather relevant and highly quality data. (Polit and Beck 2008)

5.1. Qualitative research

Qualitative research will be used as the basis of framework for this study. As defined by Polit and Beck (2008), a qualitative research is a study of phenomena, normally in a detailed and holistic fashion, through the gathering and collection of data, resulting from a variety of sources and using a diversity of methods. In designing the qualitative studies researchers should reflect on how the outcomes of the research will be useful to nurses in wound care practice and also search for opportunities to improve the evidence based practice potential of the research in wound caring.

5.2. Data analysis

The respondents in this thesis will use qualitative content analysis method. Content analysis is an approach that systematically combines vast data in order to come up with themes or categories in a systematic manner. (Bryman, 2008)

According to Elo & Kyngäs (2008), content analysis is a way of summarising written, verbal and visual information. It can be used in qualitative data or quantitative using inductive or deductive. In this study the qualitative data and inductive were used.

The advantages of content analysis as a method of data analysis are;

It is **flexible.** It is easily applicable to different types of data.
It is a **clear** research method. It allows transparency and pathways for later studies.
As **unobtrusive** method, researchers are able to obtain relevant data without having the need to meet the participants thus therefore, avoiding biased information.
Can be possible to get information from groups that would otherwise be difficult acquire.

One major disadvantage of content analysis is that it is time consuming. It requires the responders to be more involved which may lead to too much time spending more than planned for. (Bryman, 2008)

Content analysis makes it possible to filter words into fewer categories that are content related. It can be divided in to 3 different phases: preparation, organizing and informing. Firstly, in the preparation phase, the units of analysis are identified for example it can be a word or a theme. The respondents try to make meaning and understanding out of the data. Secondly, organizing phase involves coding and generating categories this aims at defining the phenomenon and increasing awareness and knowledge. Lastly in the informing phase, all the assembled material is expressed. (Elos & Kyngäs, 2008)

6. Overview of the article

In this overview, the respondents will give a brief presentation of the articles chosen for the content analysis. The articles were accessed through the Novia University of Applied Sciences Nelli-portal data base where EBSCO and CINAHL databases are located. The articles chosen were from year 2000 to 2013 giving a total of 13. The respondents found articles mainly within Europe, Australia, South Africa and Canada written using the English language and full text.

The single key word used include wound infection, transcultural nursing, nursing care and cultural, needs of minority patient, patients experience wound, intercultural nursing, immigrant care and nurse experience, multicultural care, cross-cultural and communication, transcultural nursing and the key words paired were community nurse and wound care and nurses experience of wound and traditional.

Due to the limited research done on this topic, the respondents had to expound their search to earlier research and did not limit themselves in an effort to collect all the relevant information as much as possible.

The presentation will be in the form of a table whereby the columns will follow this order respectively: the author of the article and the year when the article was published, the title of

the article, the place where the study took place, the method of study, the aim of the study and finally the main outcome from the study.

Author and Year	The title	Place of study	The method	The aim of the study	The main outcome
Anderson.H (2012)	MRSA and other resistant bacteria prevalence, patient and staff experiences, wounds and infection control. Paper 2&3	Karolinska Institutet and Sophiahemmet University, Stockholm, Sweden	Qualitative descriptive study Interview	To explain nurses skills of taking care of MRSA+ patients.	The results of indulgent for health care nurses interpretation of MRSA+ patients helping them to provide their combined experiences and outlook. More education to health care nurses taking care of patients with MRSA is required, to prevent fear and anxiety from health care nurses, more support should be provided and made available for them.

Bethell E., (2005)	Wound care for patients with darkly pigmented skin.	Birmingum United Kingdom	Qualitative study.	To present in-depth descriptions of the different skin pigmentations and the challenges faced by health care providers in health care settings in relation to these differences.	The most important factor when it comes to skin and wound assessment of dark-skinned patients is that nurses need to have adequate training and experience in order for them to be conscious of the differences that exists between light and dark skin color.
Cioffi. J, (2006)	Culturally diverse patient-nurse interactions on acute care wards.	University of Western Sydney, Australia	Qualitative method (Interview)	The study of this article was trying to identify the importance of nurse-patient cultural diversity relationship in care settings.	The interaction exists until patient has fulfilled the health care need. Relationship is therapeutic in nursing care, nurse's work to attain, maintain and restore the patient health based on nurse's competent care derived from skills and knowledge. One of the characteristic is to provide holistic care because nurses they have to use patient's knowledge, attitudes, values and thoughts to plan interventions.

Cortis JD (2004)	Meeting the needs of minority ethnic patients.	School of Health care, Beines Wing, University of Leeds. UK.	Qualitative study (Semistructured interviews)	To find out nurses experience while caring for patients from an ethnic minority group.	An understanding of the expected care and cultural dynamics of the ethnic minority group (Pakistan).
Hallett.C.E, Austin.L, Caress.A, & Luker.K.A (2000)	Community nurses' perception of patients 'compliance' in wound care:a dicourse analysis	In one English National Health Service	Interview Data analysis	To find out the challenges nurses encounter while taking care of wound patients	Believe in modern medication of treating the wound and would rather have another treatment which might not work and promote healing. Here the nurses were faced with cultural influence and moral believes on wound care.
Hanssen. I (2004)	Intercultural Nursing Perspective and Autonomy.	Lovisenberg Deaconal University College Oslo Norway	Empirical Study (Interview)	Focus on autonomy and disclosure.	It is imperative for care provider to put into consideration the patient cultural concerns that might interfere or contradict with the patient rights to autonomy. Four important themes that were identified included individualism against collectivism. How

					foreigners understand health and illness and what they expect when they are sick. Communication problems.
Mangena.P.M, Mulaudzi.M.F & Peu.D.M (2011)	The experiences of nurses in caring for circumcised initiates admitted to hospital with complications	South Africa.	Qualitative (unstructured interviews)	To find out the experinces of nurses who they initiates addmitted in the hospital because of medical and physical complications.	Five major catergories were established. It was concluded that they should be a link between the tardtional surgion and the heath institute to avoid complications and better caring for the initiates.
Hulsjö.S and Hjelm. K (2005)	Immigrants in emergency care: Swedish health care staff ’s experiences	Ryhov counting hospital Jönköping and Växjö University Sweden.	Qualitative (Interview)	To find out if nurses in somatic and psychiatric emergence care faced difficult in the care of migrants.	The most commonly identified by the nurses included cultural differences, language barrier, gender roles, problems of relaying information between the patient and relatives.
Mudge.J.E, Meaume.S, Woo.K, Sibbald.	Patients of experience of wound-related pain: an international perspective.	Hôpital Charles Foix, Ivry-sur-Seine, France, The Wound Healing Research Unit, Cardiff	Qualitative (Interview)	To have a discussion with patients from 15 different countries and	Three countries were involved in the study, the French, British and Canadian. Thier were some similarities among the countries and some cultural

G.R, Price.E. P (2008)		University, Wales, UK and Women's College Hospital, Toronto, Ontario, Canada.		have different cultural background, about their experince with wound-related pain	differences that allows. The French patients were contious with the body image, while, the British patients were not comfortable with the use of medication and the Canadian were uncomfortable about financial loss and fearful about the future of their healthcare system.
Narayan asamy .A (2003)	Transcultural care.Transcultural nursing: How do nurses respond to cultural needs?	University of Nottingham.	Descriptive study (questionnaire)	The aim to find out how nurses interpret the cultural demands of their patients.	The nurses identifies several key points as to what they deemed as patients cultural demands; communication, religion, diet, prayer, dying and cultural. Some of the challenges encountered included language barrier intertwining religious needs, cultural needs and the need for further education in transcultural nursing.
Taylor P S et al, (2013).	Cross cultural communications barrier in health care.	United Kingdom	Qualitative interview.	To find out how health caregivers viewed caring for minority patients who	The findings from this studies revealed that health care providers were faced with the following challenges when taking care of patients who had little or no language knowledge of

				had little or no English proficiency.	English ; communication problems, low level of education, ignorance, gender mind-set , common cultural attitudes and health beliefs.
Vydelingum V (2006)	Nurses' experiences of caring for South Asian minority ethnic patients in a general hospital in England.	University of Surrey United Kingdom.	Qualitative Interview	The aim of the study was to describe the nurses' experiences of caring for South Asian patients, in a general hospital in the south of England.	Lack of cultural competent is identified as an important challenge nurses face when providing care to patient s belonging to a different culture other than their own. As a result the quality of care to these patients is greatly reduced and wanting.

7. Results

In this section the respondents will present the findings that emerged from the data through the process of content analysis. Our aim for this study is to explore the challenges nurses and patients experience when they encounter infected wound from a multicultural health care perspective. Due to the limited amount of previous research on multicultural infected wound, the respondents in this study tackled the results from the cultural perspective and try to develop a relationship in order to come up with the understanding of cultural competent in infected wound care.

As highlighted by Elos and Kyngäs (2008) when doing inductive content analysis the responders will organize the data collected by coding and creating themes and categories. The purpose of coding is to put similar findings in one category and reduce the number of categories.

Six categories emerged from the analysis of articles. The data was systematically coded and thematically arranged to relate to the research question. Each category will be displayed in italics and quotation marks.

In accordance with the aim and the problem definition of this study, the following important categories emerged: communication, limited cultural knowledge and lack of understanding, need for education, patient rights, Lack of understanding and emotional reactions from MRSA and Pain perception.

7.1. Communication

Efficient, accurate and adequate communication is of great importance in accordance to health promotion as well as patient safety and well-being. Language barriers can lead to problems concerning decision-making, accurate medication and the understanding of medical procedures and the importance of those procedures and practices. Moreover, nurses have the extensive challenge of obtaining the correct medical history of a patient, interpreting the level of pain experienced, teaching patients about medication: its administration with the probable side effects. (Taylor et al., 2013)

In the United Kingdom the challenge the nurses encountered was caring for patients with no English knowledge.

> *‘‘Some patients can look confused all the time and it is unclear whether this is because they do not follow the medical problem or the language. ’’* (Taylor et al., 2013)

In Sweden, nurses expressed barrier in langunge. T he nurses had a problem of understanding the patients and vice versa. . (Hultsjö. & Hjelm, 2005).

> *''Information is a great problem; we have a lot of information to give them, it's difficult to understand what the problem is and it's hard for us to form an opinion because of the communication barriers.''* (Hultsjö & Hjelm, 2005)

> *''We need interpreters very often. It's difficult to find an interpreter when you need one.''* (Hultsjö & Hjelm, 2005)

In England, some nurses lacked cultural competence when caring for South Asian. Cultural differences in this case, lead to reduced quality of patient care. (Vydelingum, 2005)

> *''It's not just the language. Even for those who can speak English, I find that they are very restrained in expressing their problems. They don't always want to communicate with staff.''* (Vydelingum, 2006)

> *''We don't understand them. I can't stand the lack of eye contact, especially from the male Asian patients.''* (Vydelingum, 2006)

Non-verbal communication is also an important part of communication which that much attention has to be focused on its interpretation and understanding. In the United Kingdom nurses felt they were challenged by non-verbal communication. (Narayanasamy, 2003)

> *''I needed to arrange interpreter services for a patient attending for preoperative assessment who was unable to understand English.''* (Narayanasamy, 2003)

> *''Because healthcare providers are unable to determine treatment needs in time and initiate further treatment because of patient's language difficulty.''* (Narayanasamy, 2003)

Communication was one of the major challenges that nurses encountered while taking care of multicultural patients. It was hard for the nurses to give information concerning the patients' health because they did not comprehend the information given to them.

7.2. Limited cultural knowledge and lack of understanding

The lack of knowledge and understanding of other cultures other than their own was a commonly identified challenge for most nurses. This undoubtedly reveals the absence of culturally competent care during health care delivery. Cultural incompetence leads to cultural misunderstandings, ethnocentrism, and lack of communication and misinterpretation.

In the United Kingdom and in Sweden nurses expressed some challenges when dealing with different religious and cultural needs. They lacked cultural knowledge when faced with different behaviors from different cultures.

> *"We don't know anything about how to handle these situations in cultural and maybe religious terms."*(Hultsjö & Hjelm, 2005)

> *"Moving the bed in a side room so that the patient was facing the correct way for praying."* (Narayanasamy, 2003)

Nurses, mainly within emergency care, psychiatric intensive care and ambulance service found it difficult to care for patients with unusual or unexpected behaviors.

> *"I have found that they show it a little more easily or faster than we do. They are louder. It is often more dramatic around migrants, they tear their hair in despair and they cry with more emotion."*
> (Hultsjö & Hjelm, 2005)

Care providers identified cultural needs as including religious needs, nutrition needs, and end-of-life needs which require them to have a culturally sensitive approach in order to gain trust and respect from the patients and their relatives and up-hold the patient's dignity. These cultural needs are often associated with general assumptions and stereotypes concerning certain ethnic groups. Important to note is that a community can share the same religious beliefs but may differ in their cultural practices. (Narayanasamy, 2003)

> *"Trying to obtain relevant diets for patients who have different religious beliefs."* (Narayanasamy, 2003)

> *"Moving the bed in a side room so that the patient was facing the correct way for praying."* (Narayanasamy, 2003)

> *"The most common example in the ward is trying to provide suitable food to meet different cultural needs."* (Narayanasamy, 2003)

In Australia, Cioffi (2006) talks about culturally diverse interactions between patients and nurses in the acute ward.

> *" Patient- I need to find out what I should do…..when I can do it and what i can take."* (Cioffi, 2006)

> *" Nurse- I make sure that he knows what is going on and what he needs to do. His wife helps"* (Cioffi, 2006)

> *"Nurse- From a cultural point of view, Muslim is different and nurse doesn't understand the differences and can offend unintentionally."* (Cioffi, 2006)

When care providers interact with non-natives they are sometimes required to try and understand behaviors that are unknown to them. This can create a great challenge in the clinical assessment and evaluation of a patient as well when evaluating the degree of seriousness. Cultural differences consequently, often lead to misunderstandings.

7.2.1. Not following instructions.

This category describes the non-compliance of the patient as being one of the challenges related to wound care.

In one English National health service, nurses expressed their concern about patients who did not follow their instruction for wound care. The patient made the wound worse than it was. (Hallett, Austin, Caress, & Luker, 2000)

> *”I felt that every week they were deteriorating — partly from her own doing, I think... the wounds were certainly growing. I think perhaps she might just have been scratching a little bit under the bandages... and they seemed quite angry and infected on a couple of occasions, despite antibiotics and all the rest of it. So I did feel a little bit that it was a dead end there with her and she has now been assessed by the leg ulcer services and I don't know. She's in compression and they've reduced her visits to once or twice a week."*(Hallett, Austin, Caress & Luker 2000)

In one English National health service, the nurses expressed that good nutrition is one of the keys to proper wound healing. The nurses expressed their disappointment when a patient refuses to eat healthy and appropriate food potions. (Hallett, Austin, Caress & Luker, 2000)

> *“There's part of me can understand non-compliance... it's not a case of well you have to whether you like it or not... We've got this guy, well, he's like, he's huge. I mean he must be 30 stone... doesn't diet, says he doesn't eat much, but I mean if you go at lunch time, he's got fish, chips, double helping of whatever, black pudding, steak pudding whatever... he just doesn't help himself at all... taking responsibility for their own body, that's, that's it.”* (Hallett, Austin, Caress & Luker, 2000)

”And he's been to the leg ulcer clinic and he's been sent back again and, you know, it's just well, 'You'll have to get on as best you can', and really the GPs aren't that interested because he's just a chronic long-term problem and they look at it and think, 'Well, if you lost weight and if you changed your lifestyle you might see an improvement'. But we're the ones that are still going in three times a week and dress his legs, or every day if they need... it's just very convenient to say, 'Well, the district nurse will just go in and do it." (Hallett, Austin, Caress & Luker, 2000)

7.2.2. Gender roles

According to Hultsjö & Hjelm (2005) in Sweden, culture determines an individual's perception on beliefs about health and illness and hence has a big influence health seeking behaviors. In addition, nurses normally are faced with problems concerning changes in gender roles.

"*They sometimes have a different view of women in other cultures.*
They say it's the man, who should talk to us, not the woman,
even if she's the one who's sick. Women especially are difficult.
When we have to undress them and they don't want to let a man close."
(Hultsjö & Hjelm 2005)

" As a female nurse they have little faith in you, only
the doctor could tell them what to do. A hierarchical view
*of health care exists."(*Hultsjö & Hjelm, 2005)

" The woman said nothing; it was all through her daughter.
She carried all the responsibility, it's often like that."
(Hultsjö & Hjelm, 2005)

Cortis (2004) in the United Kingdom, registered nurses talk about their experience caring for Pakistani patients. The nurses express their limits to understand their culture and give a holistic care.

" I am going to respect their culture and their ethnicity, but how
these affect the care delivery I really don't know….Yes we do
treat people as individuals." (Cortis, 2004)
"These things should be there and their (Pakistani patients) needs met…
sadly we fall down in certain aspects of holistic care because certain
areas – be (they) culture, spirituality, sexuality – are areas that nurses do
not see as a priority." (Cortis, 2004)

"*Finally i realized that he was embarrassed because i was a*
woman… I was naive to this and did not understand this part of his

religion." (Cortis, 2004)

"I know that it annoys a lot of nurses very much and a lot of patients when Asian Families have 99 relatives at the bedside." (Cortis, 2004)

"*Holism is important that we do not look at patients like that broken leg in the corner… but the social, emotional side of things as well…..we have improved much in this way and about time, really."* (Cortis, 2004)

Nurse's experience caring for south Asian patients in United Kingdom. The nurses poor cultural knowledge was reflected and insensitivity towards the minority culture. (Vydelingum, 2006)

" We don't understand them. I can't stand the lack of eye contact, especially from the male Asian patients." (Vydelingum, 2006)

"It's not just the language. Even for those who can speak English, I find that they are very restrained in expressing their problems. They don't always want to communicate with staff." (Vydelingum, 2006)

Vydelingum (2006) talks about a staff nurse and sister who were faced with religion differences and the outcome affected the relative. The nurses should know when to draw the line and when not to or take the effort to educate themselves about a patient culture when faced with an ethical dilemma.

"*Mrs X (facilitator): (Recalls a recent incident that happened in one of the wards): A young male Asian patient had died on the ward. His mother was called in to see the body. She had been horrified to find him in bed lying in a pool of vomit. She was very distressed as the picture of her son, in such a disgusting state in that bed, had been haunting her ever since. The nursing staff's comments were that as he was a Muslim, they did not think they were allowed to touch the body. 'We usuallylet the family deal with the body."* (Vydelingum V, 2006)

In Australia some nurses and patients had cultural conflict while giving personal hygiene to Middle Eastern patients. Also nurse had a hard time educating the patients.

> *"Patient -males want to be served by male nurses and females by females. This may be seen as refusing services but it is not because of the belief."* (Cioffi, 2006)

> *"Nurses- He won't talk to me as i am female. When his wife comes in, I speak to her and give her information . . . She educate him for me and he ask her questions which she ask me and so it goes on."* (Cioffi, 2006)

Culture determines an individual's perception on beliefs about health and illness and hence has a big influence health seeking behaviors. In addition, nurses normally are faced with problems concerning changes in gender roles.

7.3 Need for education.

Nurses from England suggested that fellow nurse should take the responsibility of educating be it; patient or relatives about the wound etiology and treatments that is involved towards the wound healing.

> *"I think the education there, not only for the patient but for the relatives as well, you know. I mean one example is 'Why have you left the dressings on so long'... then you've got to sort of explain all about this wound healing and I think once they then sort of think, 'Yes, well that contributes towards my Mum or Dad's healing process better'... and I think if we can educate them as well as the patient it does make that little bit of a relationship a lot easier."* (Hallett, Austin, Caress, & Luker, 2000)

Health Believe was another challenges health care in the United Kingdom encountered was health believes.

> *"A big problem is the management of burns. Application of toothpaste was common when I worked in Birmingham – and it is also fairly common here to find toothpaste applied to burns and scars. It's not a good idea; you have to take it all back off again. They need to know how to cool it with water and use lint free dressing, cling film perhaps…Turmeric is a popular one as well, on cuts and grazes."*(Taylor et al., 2013)

Many of these practiced remedies become problematic for nurses especially when it comes to wound cleaning.

Nurses should take the responsibility of educating be it; patient or relatives about the wound etiology and treatments that is involved towards the wound healing. Also nurses are expected to upgrade their education on wound care in order to give quality service to patients of different pigmentations. This calls for health care professionals to be having a deep knowledge and adequate training on the different skin tones and hence be capable of making adequate skin assessment and evaluations. Failure to do so can lead into dire clinical repercussions and increased risk for wound infection.

7.4. Patients Right

Patient wishes should be put into consideration by a nurse, when delivering treatment. Sometimes this can be an emotional challenge for the nurses when the patient refuses treatment, and yet the nurse knows that's the right way forward towards wound healing. In such situations, the health care providers are still required to give the patient and their relatives the relevant and appropriate information for them to make informed decisions.

> *"Maintaining privacy and dignity with an Asian gentleman who did not want any assistance when getting bathed even if his condition required it."(Narayanasamy, 2003)*

> *"But it's not our fault is it? We can offer services but we cannot force people if they do not take up the services. Now can we?" (Vydelingum, 2006)*

Nurses in South Africa caring for circumcised patients were faced with cultural dilemma, since female nurses are not allowed by tradition to care for a male circumcised. The nurses say that the patients would come to the hospital with septic wound due to poor hygiene conditions or with various sepsis conditions.

> *"The wound was bleeding, full of soil and grass and was septic."* (Mangena & Mulaudzi, 2008)

7.5 Lack of understanding and emotional reactions from MRSA

Insecurity and fear among the nurses also had pronounced impact on nursing care. It was described that because of the objections to caring for the MRSA-patients the nurses just went into the patient's room if they really needed to and that no one wanted to touch the patient without rubber gloves. Conflicts arose because no one wanted to care for the patients or even enter the patient's rooms.

For many participants this was a traumatic experience and caused a shock-like psychological trauma. The participants compared it to having the plague or leprosy, expressing that they felt dirty and had become infected because they had not washed properly.

Participants felt that they were a threat to their environment and were afraid of infecting someone else. The feeling of being a danger to their children, grandchildren, friends or colleagues at work was described as traumatic and causing anxiety.
Nursing an MRSA-patient was sometimes described as a terrifying experience and the patients could be regarded as a real threat.

7.6 Pain perception

The patients from the three different countries had different experience of pain. There was a similar kind of pain that caught all the partakers unprepared regardless of the time or the day.
The French partakers described it as;

"It's as if I have a bar behind my thigh and
someone is pressing it against me and tightening it up"

"I have the sensation that someone
is eating my flesh, like a dog biting me.
It hurts terribly." (Mudge.J.E et. al, 2008)

The United Kingdom partakers described the pain as;

"It's like an iron band with spike pressing hard"

While the Canadian described the pain as;

"Tremendous pain, I crawl on all fours"

The dressing of the wound and the wound itself had an effect on the quality of life for the French patients which were related to social isolation. This in turn led to negative **body image.**

"A leg ulcer is very ugly"

"It (the dressing) certainly isn't feminine. That's why I
always wear trousers"
"The bandage is lighter in colour than my leg and
is not at all attractive. I avoid going out." (Mudge.J.E et. al, 2008)

In Canada the **health care system** was described to be negatively involved in wound .related pain. The nurses did not give consistence care, did not understand the pain and lacked information about chronic wound. These caused loose of trust in the Canadian health care system.

"Healthcare providers are geared toward acute injuries;
they have no understanding of chronic ulcers."(Mudge.J.E et .al, 2008)

All the three countries had fear of **infection** and that infection increases pain. The only time the participants were fearful of wound infection was during the wound dressing change.

In France the participants said;

"*It's excruciating, it's awful"*

In United Kingdom the participants were wondering how the wound got infected

"It never sees the light of day so how does it get infected?"

The Canadians

"*You live in fear of getting an infection, you do everything you can and then they say you have an infection and you start the battle all over again."* (Mudge.J.E et. al, 2008)

8. Interpretation of the results

Communication has been mentioned in the theoretical background as one of the cultural phenomena that is unique to each individual. In the transcultural assessment model, Giger and Davidhizar (2008), discuss the various components of communication that vary within and between people from different cultures and how such knowledge is important for nurses, in order for them to be able to provide culturally competent care. Moreover, nurses need to understand that variations may also be present within individuals sharing the same culture.

Communication and culture are closely linked together; through the process of communication culture is conveyed and preserved and culture greatly influences how one express feelings and determines what verbal and non-verbal communication are considered appropriate. (Giger and Davidhizar, 2008) Poor communication between the nurses and the patients lead to poor interpretation of the MRSA, the etiology and the treatment. This was clearly portrayed when the nurses feared and even ended up with having conflict on who was to care for the infected patient. (Andersson, 2012) As for the nurses, it is important to provide clear information for the patient in order to avoid misunderstanding.

Giger and Davidhizar (2008) state that communication goes beyond sharing or participating rather it is all inclusive embracing the whole dimension of human behaviors and interactions, be they verbal or non-verbal. Through communicating, individuals share information, express their ideas as well as feelings and stay connected.

However, problems emerge in communication when individuals come from different cultural backgrounds, speak different language and the styles and pattern of communication differ. The physical process of healing may be negatively affected if barriers to communication exist. Other important cultural variables important for nurses to know include the use of touch, silence pronunciation and enunciation and voice quality

The results of the article analyses show that it is evident that communication is a major hindrance for nurses when it comes to relating to patients from other cultures. In order to address these challenges, Giger and Davidhizar (2008) have identified certain guidelines that nurses can find useful when attending to patients' from different cultures. Nurses must, as a individuals should first assess and be fully aware of their own personal beliefs and values, and in so doing eliminating any bias or negative attitude and beliefs that might interfere with care. Assess the patient from a cultural perspective by identifying the patient's ethnic or cultural background, access information from the patient as the primary source, and respond appropriately to cultural aspects that may distress the relationship. The patient care plan should be based on the mentioned needs and the cultural upbringing of the patient. By adjusting communicational methods to be incoherent with cultural demands, nurses are required to pay attention to signs of uneasiness and act appropriately. By maintaining respect when communicating with the patient, by listening and encouraging active participation can build a nurse-patient relationship based on trust. It is also important to use interpreters when the nurse and patient cannot speak the same language.

According to Giger and Davidhizar (2008), it is evident that individuals have different cultural practices, beliefs and values. However, the biological differences that exist among people from different races are yet to be fully known and understood. The biological variations present among mankind co-relates with race and other features such as skin color, structure of the body, observable physical features, genetic and enzymatic differences among others. In nursing care, the color of the skin is an important variation because accurate patient assessment is a crucial part of the nursing care process. Assessing the skin of patients with dark skin pigment can be hard compared to patients with light skin pigmentation. This calls for nurses to possess the necessary knowledge about these biological differences as this will

enable them to provide care that is both culturally appropriate and competent and at the same time avoiding any possible harm to the patient. Having this knowledge is vital in infected wound care, as the nurse will be in a position to accurately observe, assess and monitor the changes that might occur and thereby act accordingly.

Religion is often closely linked to the culture that one belongs to and does for this reason play an important role in defining health and illness behaviors as well as health beliefs. Different religions have different views on healthcare practices, nutrition and hygiene. Some of these practices may cause a conflict situation between the nurse and the patient. The nurse's aim should be to respect the patients' beliefs and practices and uphold their dignity, but at the same time ensure that they have accurately provided the necessary information to the patient and in some cases their family members too. (Hanssen, 2004)

Gender roles are also closely related to culture. In many traditional societies around the world there are formal and informal rules and regulations that usually determine one's role in society depending on their gender. Family roles are also based cultural norms. Nurses need to develop cultural sensitivity to be aware of these cultural expectations. Patients from some cultures would, for example, expect to be attended to by nurses of the same sex as them. (Giger & Davidhizar, 2008)

In the Culture Care Diversity and Universality theory, Leininger (1991) acknowledges the challenge for health care providers today to provide cultural competent care in a world that is becoming more globalized and multicultural. Nurses are obligated to know and understand the differences and similarities that exist in human care and how these influence important cultural aspects such as values, lifestyle, worldview, social structures and the environment.
By regarding the patients' language, religion, spiritual beliefs and traditional health practices, health care providers will be able to have a holistic understanding of the patient. Nurses need to not only cater for the physical needs of their patients but also cater for emotional, spiritual, social and cultural needs. According to Leininger (1991), it is impossible to restore one's health without caring, but on the other hand caring is possible without restoring health.

According to Leininger & McFarland (2002), the Sunrise Model theory has brought knowledge about health and several undiscovered ways of caring for people of different

culture, thus reaching its goal. Cultural knowledge is the only key way for nurses dealing with patients from another culture than their own.

The Sun Rise Model depicts the different yet closely interrelated constituents of the Culture Care Diversity and Universality theory that nurses need to identify with in order to make health care decisions that: uphold the patients' values and lifestyles valuable to them (cultural care preservation), decisions made with the patients cultural values, beliefs and practices taken in to consideration (cultural care accommodation) and make decisions inclusive of the patients beliefs and practices beneficial to them (cultural restructuring). (Leininger 1991)

According to Mudge et. al. (2008), the patient expresses lack of confidence in their nurses while taking care of wound. The nurses lacked knowledge and they interfered with the wound healing using non-sterile technique thus causing pain and infecting the wound. Leininger's Sunrise Model (2002) is much needed by nurses while caring for an infected wound. The care should be carried out from a holistic point of view where nurses care not only for the wound but also treat pain because wound is mostly accompanied by pain and also take that time to educate the patient about the etiology of the wound and the ttreatments. Nurses can also view this as an opportunity to educate themselves about different cultures and how they go about treating infected wounds, rather as seeing it as a cultural burden.

The content analysis showed how the majority of the multicultural nurses shared similar challenges when it came to gender roles and care. Leininger & McFarland (2002) state that nurses should gain better skills and a higher level understanding through taking the time to educate themselves about different cultures they encounter while caring.

To relate this to the results, nurses can overcome the challenges brought about by cultural differences by having a better understanding of the various aspects affecting an individual's view on health and wellbeing. For example, an individual's worldview and social structures such as religion, education, and kinship are learnt through language and the environment in which they live in. This, in turn, has an impact on care and health systems which is visible in cases of traditional beliefs versus formal/professional health system. With this background nurses will be able to provide cultural congruent care that is beneficial for the patients and satisfying for them as care givers. (Leininger, 1991)

9. Ethical consideration:

Ethics is a moral principles and code for behaviour that guide individual actions in conduct within the society. However caregivers do make autonomous decisions concerning care, they are still accountable to their actions as a whole in patient decision making based on needs and social value. Morals are what individuals consider being good and right whereas ethics is an essential review about morality. The knowledge of ethics and moral theories helps nurses to make a decision on a fitting line of action. It provides a structure for dealing with issues, problems and dilemmas. (Fry & Johnstone, 2008)

Ethics is a vital part of the foundation of nursing profession. The day to day responsibilities of the nurse are expected to be carried out in a manner that upholds the human dignity, respects individual uniqueness, not limited based on a person's social or economic background, personal attributes and the nature of the health problem and must be practiced with compassion and professionalism. Cultures may be different in many aspects but the need for health care is universal and therefore nurses are required to respect the patients under their care without favour or discrimination irrespective of their lifestyles, religion, beliefs, and value systems. In addition, patients need to be respected and their worth, human rights and dignity maintained. (ANA, 2005)

Principal of ethics is an essential foundation/framework for nursing care; it refers to healthcare reflecting on decisions made about the entire moral principles and consideration of significances when interpreting ethical issue and making patient clinical judgment with the aim to maintain and improve individual mental and physical function capacity. (Fry & Johnstone, 2008)

The respondents in this study will use the ethical principle of veracity which upholds the virtue of honesty, telling the truth and not lying under any circumstance. This important because the respondents will analyse other peoples work and interpret the findings and will not under any circumstance change or interfere with the researchers' findings and conclusions. Fidelity involve being faithful to the responsibilities and promises one has undertaken. The respondents will be committed to this study and will use the resources available to be able to achieve the aims of the study and answer the research questions. (Fry & Johnstone, 2008)

The code of ethics makes clear the key goals, values and requirements of the nursing profession that are primarily aimed at preventing illness and diseases, alleviate suffering and restoring health. Wound care is a largely nurse-led practice which presents many different ethical issues in terms of prevention and the management of different types of wounds, the provision of pain relief and relieving of suffering. (Benbow, 2006)

Values are part of ethics which have a significant impact on the moral choices an individual makes. Many diverse factors influence values on different levels; firstly, personal values describe a person at an individual level and how one interacts with others and the world for example by being trustworthy, kind or reliable. Secondly, cultural values act as a link between an individual with their cultural heritage, customs and beliefs. Thirdly, social values provide the foundation upon which an individual intertwine important societal situation. Fourthly, work values help in guiding behaviour in a professional setting. Fifthly, religious values which are deeply connected to an individual's background and the experiences one has undergone. Nurses ought to be accountable by being liable to the decisions they have made as well as the consequences of those decisions and need to act responsibly meaning being answerable for individual conducts and performance. (Fry & Johnstone, 2008)

10. Critical review

Through critically reviewing their work, researchers can be able to objectively assess their work and identify the importance and benefits of the study and more so discover potential setbacks and missing gap that might exist within the subject of interest. The foundation for nursing care is developed through research. The findings or results from any research under taking in nursing are aimed at improving the care given to patients by solving a problem and broadening knowledge. (Mateo & Kirchhoff, 1991)

The aim of this study was to recognize and understand the dilemmas and challenges faced by nurses and patients in infected wound care in a multicultural setting. In addition, the respondents wished to identify other aspects of the patient's culture that might influence wound care. The project was ordered by Vaasa Central hospital.

In this study, qualitative research method was used in order to provide a deeper understanding on the subject of interest. Literature review was done in order to access information from previous studies and to shed more light on to the topic of study. During the process of literature review all the articles used should be clearly stated, be up to date, relevant and helpful to the study. (Mateo & Kirchhoff, 1991)

A summary on earlier studies on the topic should also be provided and if no earlier studies were done should also be mentioned accordingly. The articles chosen were through the Novia University of applied Sciences Nelli-portal data base where EBSCO and CINAHL databases are located and the internet. The respondents focused mainly on articles written using the English language. The articles chosen for analysis had a difference of thirteen years in between them.

The key word used included wound infection, transcultural nursing, nursing care and cultural, needs of minority patient, patients experience wound, intercultural nursing, immigrant care and nurse experience, multicultural care, cross-cultural and communication, transcultural nursing,

community nurses and wound care and nurses experience of wound and traditional. Single key words and some few paired key words were used to search for the relevant articles to our study.

The major limitation/challenges in this work were to find articles that tackled both infected wound and cultural care. In the beginning of our thesis, the study had to be conducted in English and within Finland. However, with the given parameters it was extremely difficult to find relevant articles within Finland in relation to our study. There is need for further research under the topic of multicultural understanding of infected wound care.

The respondents chose content analysis as method of analyzing the collected data. The collected data had to go through the three stages of content analysis; preparation, organizing and informing. During the preparation phase the respondents tried to find meaning and understanding from the chosen articles, this was later followed by coding and creating categories. Sub-categories were created where some themes were closely related. Finally the information gained was discussed in form of results and an interpretation of the results given.

The interpretations were based on our understanding of the articles and thus avoided changing the authentic information by the authors. We were able to relate the results of this study to our theoretical backgrounds; Giger and Davidhizar's *Transcultural Assessment Model* and Leininger's *theory about Culture Care Diversity and Universality.*

The results from this study can be used to by health care providers to incorporate culturally congruent care when caring for multi-cultural patients with infected wounds. This is significant because it will not only improve the quality of life for the patients and alleviate their suffering but it will also reduce health care costs through effective wound assessment and management practices.

11. Discussion

The effective management of nursing infected wound care needs an understanding of the process of healing in combination of a systematic approach to both management and assessment. Communication is one of the important elements in health care provision. Misunderstandings and misinterpretations are bound to occur when it comes to language differences which have shown to be obstacles to effective culture competent care. When both verbal and non-verbal communication seem not to be effective, professional interpreters can be helpful in translating the information. According to Cortis (2004), a cultural care unique need of the patient seems to vary from each individual. The current condition of patient care services to minority society may be considered as cultural sensitive due to the impact of demographical changes (ageing and ethnic minority populations), lack of information and poor communication between the patient and health care provider.

Knowledge and skills of culture diversity is important at all levels of nursing practice because it can strengthen and develop health care delivery systems. However, being culturally aware and having cultural understanding assists to build a strong relationship between nurses, patients and the family, which ensures progressive outcomes. Nurses in health care field need to use their knowledge of cultural diversity to improve and implement culturally sensitive nursing care. (Cioffi, 2006) Nurses are continuously confronted with the challenges of providing quality care to meet the patients' health needs and cultural expectations. There was proof enough for the need for nursing education curriculum to include and emphasize on the

importance of cultural competence so that the nurses in their working profession have knowledge about cultural awareness, cultural sensitivity, cultural skills and cultural knowledge. Cultural awareness refers to having knowledge about the patients' values, beliefs and practices and being sensitive to these whereas cultural knowledge entails understanding the differences among individuals for example biological, physical and physiological distinctions. Cultural skills require the nurse to be capable of performing cultural assessment to all patients. (Merrington, 2006)

Wellbeing of the patient is an essential aspect of life. Individual cultural backgrounds, religions and beliefs significantly influence a patient's health and their reaction to health care. These different cultures guide decision-making and providing education in daily life in terms of medical advice and treatments both for the patient and caregiver with the aim to establish a plan of care, identify patient health status, prevent and promote health needs. The process is general of emotional aspect of the patient as well as physical health. It also includes physical assessment and communication skills between health care givers, patients and the family to develop relationship and collect information which are needed. However, it is important for the health care provider to be respectful, cultural aware and knowledgeable of these diverse cultures and understand their importance and gender when delivering care. Because cultural difference's or lack of cultural competence in health care's settings can affect patient outcome, assessment, teaching as well as patient cooperation.

Nurses should have a multicultural understanding when it comes to infected wound care or any other care. Different cultures have different beliefs in turn affect the care given to them. The work of a nurses is to use their knowledge on infected wound and understand the patient culture and try to find a way to meet in between with the two (care and culture).

This study shows that there should be more research done and new thought on multicultural understanding of infected wound care. There are various studies that have been carried out in relation to multicultural nursing and cultural competence but a greater gap still exists within multicultural nursing in infected wound care.

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Appendices

NAME	KEY WORD	HITS	TAKEN	DATABASE
Andersson.H (2012)	wound infection	31	1	Dissertation.se
Bethell E., (2005)	Transcultural nursing	564	2	EBSCO and CINAHL
Cioffi. J, (2006)	Nursing care and cultural	6	1	EBSCO and CINAHL
Cortis JD (2004)	Needs of minority patient	60	1	EBSCO and CINAHL
Hallett.C.E, Austin.L, Caress.A, & Luker.K.A (2000)	Community nurses" & wound care.	34	1	EBSCO and CINAHL
Mudge.J.E, Meaume.S, Woo.K, Sibbald.G.R, Price.E.P (2008)	patients experience wound	8	1	EBSCO and CINAHL
Hanssen. I (2004)	Intercultural Nursing	11	1	EBSCO and CINAHL
Hulsjö.S and Hjelm. K (2005)	Immigrant care and nurse experience	643	1	EBSCO and CINAHL
Mangena.P.M, Mulaudzi.M.F & Peu.D.M (2011)	nurses experience of wound - & traditional	13	1	EBSCO and CINAHL

NAME	KEY WORD	HITS	TAKEN	DATABASE
Narayanasamy .A (2003)	Multicultural care	38	1	EBSCO and CINAHL
Taylor P S et al, (2013)	Cross-cultural and communication	75	1	EBSCO and CINAHL
Vydelingum V (2006)	Transcultural nursing	564	2	EBSCO and CINAHL